

STATE OF INDIANA) IN THE _____ COURT _____
) SS: (_____ DIVISION, ROOM _____
 COUNTY OF _____)
 CASE NO. _____

_____,)
 Petitioner (**Your Name**))
 vs.)
 _____,)
 Respondent (**Person to be Restrained**))
 _____)
 Name of Child _____)

**PETITION FOR AN ORDER FOR PROTECTION AND REQUEST FOR A
 HEARING—Filed on Behalf of a Child**

**IMPORTANT: This is a public document and a copy of it will be placed in the
 Court's file. A copy may also be sent to the Respondent.
 (Check those which apply)**

1. **I am filing this Petition for a child. The child who needs protection is or has
 been a victim of domestic or family violence, a sex offense, or stalking, and I
 am that person's:**
 - ___ parent
 - ___ guardian
 - ___ other representative (*describe:* _____).
2. **What is the Respondent's relationship to the child who needs protection?**
 - a. **The Respondent is a family or household member (*describe by checking
 the correct line*):**
 - ___ the Respondent is, or used to, date the child;
 - ___ the Respondent is, or has been, engaged in a sexual
 relationship with the child;
 - ___ the Respondent and the child who needs protection have a child in
 common;
 - ___ the Respondent and the child are related by blood or adoption. The
 Respondent is the child's _____;
 - ___ the Respondent and the child are, or used to be, related by marriage.
 The Respondent is the child's _____;
 - ___ the Respondent is, or used to be, the child's guardian;
 - ___ the Respondent is, or used to be, the child's custodian;
 - ___ the Respondent is, or used to be, the child's foster parent;

- _____ the child who needs protection is a minor child of someone in one of the types of relationships described above.
- b. _____ the Respondent has committed stalking against the child who needs protection.
- c. _____ the Respondent has committed a sex offense against the child who needs protection.

3. How old is the Respondent? _____ years old.

4. Please list any cases (divorce, paternity, guardianship, criminal, juvenile) involving the Respondent, yourself, or a child you have with the Respondent (*attach additional sheets of paper if necessary*):

Case Name	Case Number	County & State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Continued on Attachment 4a.

5. This case is filed in this county because:

- _____ a. the Respondent lives in this county.
- _____ b. the incident(s) of domestic or family violence, stalking, or the sex offense happened in this county.
- _____ c. the child who needs protection lives in this county.
- _____ d. the Petitioner lives in this county.

6. The public mailing address that I wish to use for the purposes of serving pleadings, notices, and court orders is:

7. The Respondent has committed the following act(s) of domestic or family violence, stalking, or a sex offense (*check those which apply*):

- _____ the Respondent attempted to cause physical harm to the child who needs protection;
- _____ the Respondent threatened to cause physical harm to the child who needs protection;
- _____ the Respondent did cause physical harm to the child who needs protection;
- _____ the Respondent placed the child who needs protection in fear of physical harm;
- _____ the Respondent caused the child who needs protection to involuntarily engage in sexual activity by force, threat of force, or duress;

___ the Respondent committed stalking against the child who needs protection;
___ the Respondent committed a sex offense against the child who needs protection.

8. Describe what happened in each of the above incidents including the date(s), place(s) and witnesses to each incident (*attach additional sheets of paper if necessary*):

Date of Incident #1: _____

Place of Incident: _____

Description of Incident:

List the names of all of the people who were present during the incident. You must include your own name if you were present:

Date of Incident #2: _____

Place of Incident: _____

Description of Incident:

List the names of all of the people who were present during the incident. You must include your own name if you were present:

Date of Incident #3: _____

Place of Incident: _____

Description of Incident:

List the names of all of the people who were present during the incident. You must include your own name if you were present:

___ Continued on Attachment 8a.

9. I am asking the Court to order the following relief (*check all which apply*):

___ Prohibit the Respondent from committing, or threatening to commit, acts of domestic or family violence, stalking, or sex offenses against the child

who needs protection;

___ Prohibit the Respondent from committing, or threatening to commit, acts of domestic or family violence, stalking, or sex offenses against the family or household members of the child who needs protection. Their names are:

_____;

___ Prohibit the Respondent from harassing, annoying, telephoning, contacting, or directly or indirectly communicating with the child who needs protection;

___ Order the Respondent to stay away from the child's residence, school, place of employment, or other place, which is the _____, located at: _____;

___ Order the Respondent to stay away from the following location(s) frequented by the family or household member(s) of the child, which may include a residence, school, or place of employment:

_____;

NOTE: The following requested relief may be granted immediately by the Judge, but the Court must hold a hearing within thirty (30) days:

___ Evict the Respondent from the child's residence, which is located at: _____;

___ Order the Respondent to give the child the possession and use of the following:

___ The residence located at: _____;

___ An automobile/other motor vehicle described as: _____;

___ Other necessary personal items, described as: _____;

___ Order the following additional relief necessary to provide for the child's safety and welfare and the safety and welfare of the child's family or household members:

_____.

NOTE: The following requested relief may be granted ONLY after notice to the Respondent and at a hearing to be held within thirty (30) days:

___ Specify the arrangements for parenting time;

___ Require that parenting time be supervised by a third party;

___ Deny the Respondent parenting time;

___ Order the Respondent to pay the Petitioner's or child's attorney fees;

- ____ Order the Respondent to pay rent for the child's residence;
- ____ Order the Respondent to make payment on a mortgage for the child's residence;
- ____ Order the Respondent to pay support for the child, or for minor child(ren) in common with the child who needs protection;
- ____ Order the Respondent to reimburse the Petitioner and/or the child who needs protection for expenses related to the domestic or family violence, stalking, or sex offense as follows

(specify the amount for each expense and bring documentation of the expense with you to Court for the Hearing):

____ Medical expenses: \$ _____

____ Counseling: \$ _____

____ Shelter: \$ _____

____ Repair or replacement of damaged property: \$ _____

____ Other costs or fees the Petitioner or child has as a result of bringing this case: \$ _____

- ____ Prohibit the Respondent from using or possessing a firearm, ammunition, or deadly weapon;
- ____ Order the Respondent to surrender the following firearm(s), ammunition, or deadly weapon(s) to a specified law enforcement agency *(list each item below and attach an additional sheet of paper if necessary)*:

_____;

____ Continued on Attachment 9a.

10. Number of pages attached: _____

By filing this Petition, I am respectfully requesting that the Court immediately issue an Ex Parte Order for Protection. I understand that, if I have asked for relief from the Court regarding any of the following:

- evicting the Respondent from the child's home;
- giving the child the possession of personal property;
- establishing rules for child parenting time;
- requiring the Respondent to pay fees, expenses, or child support;
- forbidding the Respondent from possessing a firearm, ammunition, or a deadly weapon; or,
- ordering the Respondent to surrender firearm(s), ammunition, or deadly weapons,

I must also ask the Court to set a date for a Hearing within thirty (30) days of today's date.

I understand that if a Hearing is set, and if I fail to appear for the Hearing, the Court will terminate the Ex Parte Order and dismiss the case.

I affirm, under the penalties for perjury, that the foregoing representations are true:

- a. on the basis of my own personal knowledge.**
- b. on the basis that I have been informed and believe that the facts stated are true. *(NOTE: If this Petition is made solely on the basis of Petitioner's information and belief, Petitioner must attach affidavits by one or more persons who have personal knowledge of the facts stated.)***

DATE: _____

PETITIONER (Signature)

PETITIONER (Type or print name)

CONFIDENTIAL FORM

For use by Court, Clerk, Prosecuting Attorney, and Law Enforcement Personnel ONLY

DIVISION OF STATE COURT ADMINISTRATION**Note:** The following information is confidential under Indiana law pursuant to IC § 5-2-9-7, and it may not be released.

STATE OF INDIANA)

COUNTY OF _____)

COURT: ☐ Superior, Room #: _____(check one) ☐ Circuit

CASE #: _____ - _____ - _____

PETITIONER/PLAINTIFF/STATE OF INDIANA
v.DATE: _____
m/d/yyyy_____
RESPONDENT/DEFENDANT_____
EMPLOYEE (IF WVRO)**PERSON PROTECTED**

Name:

Does the protected person live within a municipal boundary?
(i.e., within city/town limits) ☐ Yes ☐ No

Home address:

If yes, which municipality? _____

DOB:

SSN: (optional)

Race:

Telephone No.:
Home: (_____) _____

Sex:

Work: (_____) _____

Postal address (if different from home address):

When can protected person be reached at the above
numbers or any alternative numbers?

Other protected address:

List the cities/counties where the protected person would like a
copy of the order sent:

_____**PERSON RESTRAINED**

Name:

Telephone No.:

Home address:

Home: (_____) _____

Work: (_____) _____

Postal address (if different from home address):

Location of place of business or where person is usually or often
found:Sex: ☐ male ☐ female

DOB:

SSN:

Describe nature and location of any scars or tattoos:

Any scars or tattoos? ☐ Yes ☐ No

Race:

Hair color:

Height:

Weight:

List the name(s), dates of birth [DOB], race, and sex of any person(s) residing at the household of the protected person.
Attach an additional sheet of paper if necessary.

Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

NOTE: This portion of the Confidential Form must be completed when an order for protection, no-contact order, or workplace violence restraining order is requested. The information provided on this form will be used to update the statewide protective order database for the enforcement of the order.